

INSOLV

Name of HMO/CMP:

Contact Person for this Worksheet:

UNCOVERED EXPENDITURES CALCULATION WORKSHEET

Time Period Covered:	Month Before Insolvency	Month After Insolvency	Total Coverage (Month Before + After Insolvency)
CALCULATION OF HEALTH CARE COSTS			
1 Total Annual Medical and Hospital Costs (one year beyond projected approval date) >			
2 Total Monthly Medical and Hospital Costs (Line 1 above divided by 12) >			
3 Two Months Average Medical and Hospital Costs (Line 2 above multiplied by 2) >			
COVERED HEALTH CARE COSTS	Not applicable ////////////////////////////////		
1 Insolvency Insurance	////////////////////////////////		
Insurer:	////////////////////////////////		
Policy Period:	////////////////////////////////		
2 Hold harmless Contracts (Exclude in-area non-contracting providers and out-of-area providers if not covered by hold harmless language)		Not applicable //////////////////////////////// //////////////////////////////// ////////////////////////////////	
3 Continuation of Benefits Provisions	Not applicable ////////////////////////////////		
4 Letters of Credit (All LOCs must adhere to requirements of Program Information Letter 85-02 dated 11/25/85)	Not applicable //////////////////////////////// ////////////////////////////////	Not applicable //////////////////////////////// ////////////////////////////////	
5 State restricted reserves (Indicate type of investment and owner/s of investment)	Not applicable //////////////////////////////// ////////////////////////////////	Not applicable //////////////////////////////// ////////////////////////////////	
6 Guarantees a Regulated Guarantor (Insurance co)	Not applicable	Not applicable	

b Non-Regulated Guarantor
 Check one-Adjusted Net Worth Value
☐ Under \$500 million
☐ Over \$500 million

//////////	//////////	
//////////	//////////	
//////////	//////////	
//////////	//////////	
//////////	//////////	

7 Net Worth
 (Minimum=\$1,000,000 excluding
 lands, building & equipment (LBE);
 \$5 million including LBE)

NET WORTH WORKSHEET		
> Enter Net Worth	>	
Less: \$1/\$5,000,000	>-	
as noted at left		
ADJUSTED NET WORTH	>	
(Continue Calculation below		
if Adjusted Net Worth		
<\$35,000,000)		
Divided by: \$250,000	>	
Multiply by: \$100,000	>	
ADJUSTED NET WORTH	>	

8 State Law
 Statutory Citation:

--	--	--

TOTAL COVERED EXPENDITURES (LINES 1 to 8)

=====

UNCOVERED EXPENDITURES (Total Costs for Two Months Less Total Covered Expenditures)

INSTRUCTIONS FOR COMPLETION OF THIS FORM

Print in Landscape

Instructions for the completion of this form, the Uncovered Expenditures Calculation Worksheet are contained in Program Information Letter OPHC/PPL #88-01, INSOLVENCY PROTECTION FOR HMO/CMP MEMBERS issued February 29, 1989. In addition, if an HMO should choose to use a Letter of Credit to cover uncovered expenditures, instructions for minimum requirements are contained in Program Information Letter 85-02, issued on November 25, 1985. Also, Program Information Letter 86-01 FINANCIAL GUIDELINES issued February 5, 1985 contains guidelines for long term debt to be "covered" through special subordinated surplus notes and guidelines for

expenditures of health care contracts to be "covered" through agreements with providers.

Specific financial questions about this form should be addressed to the Financial Management Specialist assigned to your geographic region.